

PRINTED: 03/08/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT SOUTH PITTSBURG, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments Investigation of complaints #26807, #27570, #25428 and #26535 were completed with the annual Licensure survey conducted February 28 through March 2, 2011, at The Bridge At South Pittsburg. No deficiencies were cited in relation to the complaints under 1200-8-6, Standards for Nursing Homes.	N 000		
N 507	1200-8-6-.05(5)(a) Admissions, Discharges, and Transfers (5) Facilities utilizing secured units must be able to provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents: (a) Documentation that each secured resident has been evaluated by an interdisciplinary team consisting of at least a physician, a social worker, a registered nurse, and a family member (or patient care advocate) prior to admittance to the unit; This Rule is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to complete an interdisciplinary evaluation prior to admittance to the secure unit for one (#26) of four residents reviewed on the secure unit. The findings included: Resident #26 was admitted to the facility on January 6, 2011, with diagnoses including Dementia Vascular Type with Behavioral Disturbance, Major Depressive Disorder, Cerebrovascular Disease, and Chronic Obstructive Pulmonary Disease.	N 507	N 507 1200-8-6.05(5)(a) Admissions, Discharges and transfers (5) Facilities utilizing secured units must be able to provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents: (a) Documentation that each secured resident has been evaluated by an interdisciplinary team consisting of at least a physician, a social worker, a registered nurse, and a family member (or patient care advocate) prior to admittance to the unit; Residents affected: Resident # 26 was evaluated for SCU admission criteria Residents potentially affected: All residents admitted to the SCU have the potential to be affected by this cited practice. Residents that currently reside on the SCU were evaluated for admission criteria. Systemic measures: The Social services department will complete the pre-admission screen on residents referred to the SCU prior to admission. The Admission checklist will include the pre-admission screen to the SCU. The Admission director/designee will review all pre-admission screens to the SCU x 4 weeks then monthly. Monitoring changes: The Admissions director/designee will report any concerns identified to the administrator. Identified concerns will be corrected immediately and reported to the QA monthly.	3/31/2011

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

Administrator

3/21/2011

0000

529P11

If continuation sheet 1 of 3

PRINTED: 03/08/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT SOUTH PITTSBURG, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 507	Continued From page 1 Medical record review revealed no documentation the resident had been evaluated by the interdisciplinary team prior to admittance to the secure unit. Observation on March 2, 2011, at 9:15 a.m., revealed the resident sitting on a chair, in the dayroom of the secure unit. Interview on March 2, 2011, at 8:10 a.m., with the Social Worker, in the social services office, confirmed the resident was not evaluated by the interdisciplinary team prior to admittance to the secure unit.	N 507	N 506 1200-8-6-.05(5)(b) Admissions, Discharges, and transfers (5) Facilities utilizing secured units must be able to provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents: (b) Ongoing and up-to-date documentation of quarterly review by each resident's interdisciplinary team as to the appropriateness of placement in the secured unit; Resident affected: Resident #20 quarterly review was completed for appropriate placement for SCU. Resident potentially affected: All residents on the SCU have the potential to be affected by this cited practice. Residents that currently reside on the SCU will have quarterly reviews completed. Systemic measuring: The Social services department will complete the quarterly reviews with the interdisciplinary team on residents admitted to the SCU. The Social services department will create an audit tool to ensure quarterly reviews for appropriate placement are completed. The Administrator/designee will review the audit tool weekly x 4 weeks, monthly thereafter. Education will be provided immediately to areas of concern. Monitoring changes: The Administrator/designee will report areas of concern with follow-up to the monthly QA.	3/31/2011
N 508	1200-8-6-.05(5)(b) Admissions, Discharges, and Transfers (5) Facilities utilizing secured units must be able to provide survey staff with twelve (12) months of the following performance information specific to the secured unit and its residents: (b) Ongoing and up-to-date documentation of quarterly review by each resident's interdisciplinary team as to the appropriateness of placement in the secured unit; This Rule is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to complete a quarterly interdisciplinary team review as to the appropriate placement on the secure unit for one (#20) of four residents reviewed on the secure unit. The findings included:	N 508		

Division of Health Care Facilities
STATE FORM

6850

5Z9P11

If continuation sheet 2 of 3

PRINTED: 03/08/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN5801	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/02/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT SOUTH PITTSBURG, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 201 EAST 10TH STREET SOUTH PITTSBURG, TN 37380		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 508	Continued From page 2 Resident #20 was admitted to the secure unit of the facility on November 18, 2010, with diagnoses including Alcohol Induced Persisting Dementia, Psychosis, Altered Mental Status, and Vertigo. Medical record review revealed no documentation a quarterly interdisciplinary team review had been completed to determine the appropriate placement in the secure unit. Observation on March 2, 2011, at 7:45 a.m., revealed resident #20 eating breakfast in the dining room, located on the secure unit. Interview on March 1, 2011, at 4:55 p.m., with the Social Worker, in the social services office, confirmed the quarterly interdisciplinary team review had not been completed to determine the appropriate placement in the secure unit.	N 508			

Division of Health Care Facilities
STATE FORM

6899

5Z9P11

If continuation sheet 3 of 3